Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Brown for Attorney General 2010		Date of This Filing06/03/2009	Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (510)628-0202	I.D. NUMBER (if applicable 1292687	2)	Report No20090603-8968164		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 1 of 9	
CITY Oakland	STATE CA	ZIP CODE 94612-1775	(explain below) No. of Pages9		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/28/2009	Ecology Control Industries Inc. Torrance, CA 90502-1601	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$6,500.00
05/27/2009	Allen Mindlin Los Angeles, CA 90025-7535	IND COM OTH PTY SCC	Retired Retired	\$5,000.00
05/27/2009	Dayna Shulman Los Angeles, CA 90025-7535	IND COM OTH PTY SCC	Real Estate Darby Real Estate	\$5,000.00

*Contributor Codes	
IND - Individual	PTY - Political Party
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Reason for Amendment:

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05/27/2009	Caryl Mindlin Sherman Oaks, CA 91403-2437	IND COM OTH PTY SCC	Retired Retired	\$5,000.00
05/28/2009	Don Gormly Atwater, CA 95301-4456	IND COM OTH PTY SCC	CEO GHM Management, LLC	\$5,000.00
05/27/2009	David Shulman Los Angeles, CA 90025-7535	IND COM OTH PTY SCC	Sales Project Dynamics	\$3,500.00

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05/27/2009	David Shulman Los Angeles, CA 90025-7535	IND COM OTH PTY SCC	Sales Project Dynamics	\$1,500.00
05/28/2009	Ecology Control Industries Inc. Torrance, CA 90502-1601	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00
05/29/2009	Brownstein Hyatt Farber Schreck, LLP Santa Barbara, CA 93101-2706	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$6,500.00

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06/01/2009	GGNSC Administrative Services LLC Fort Smith, AR 72919-9008	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$6,500.00
06/01/2009	Mariner Health Care Management Co Houston, TX 77041-5161	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$6,500.00
05/29/2009	California Association of Health Facilities Good Government PAC Sacramento, CA 95816-4922 ID# 1233935	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$5,000.00

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05/29/2009	California Association of Health Facilities Good Government PAC Sacramento, CA 95816-4922 ID# 1233935	☐ IND ■ COM □ OTH □ PTY □ SCC		\$1,500.00
06/01/2009	Mariner Health Care Management Co Houston, TX 77041-5161	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$6,500.00
06/01/2009	The Brandi Law Firm San Francisco, CA 94104-4621	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$5,000.00

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06/01/2009	PG&E Corporation San Francisco, CA 94105-1814	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$3,500.00
06/01/2009	PG&E Corporation San Francisco, CA 94105-1814	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00
05/27/2009	David Wei San Marino, CA 91108-2714	IND COM OTH PTY SCC	Chairman Sunside Energy	\$5,000.00

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LATE CONTRIBUTION REPORT

AREA CODE/PHONE NUMBER (510)628-0202 I.D. NUMBER (if applicable) 1292687 Report No20090603-8968164	For Official Use Only
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CITY STATE ZIP CODE Oakland CA 94612-1775 (explain below) No. of Pages 9	

Late Contribution(s) Received

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05/27/2009	David Wei San Marino, CA 91108-2714	IND COM OTH PTY SCC	Chairman Sunside Energy	\$3,500.00
05/27/2009	David Wei San Marino, CA 91108-2714	IND COM OTH PTY SCC	Chairman Sunside Energy	\$1,500.00
06/01/2009	J. Edward Bell III Llc Georgetown, SC 29440-3536	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$5,000.00

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CITY Oakland	STATE CA	ZIP CODE 94612-1775	(explain below) No. of Pages9		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2009	Pacific Hospital of Long Beach Long Beach, CA 90806-2613	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$3,500.00
06/02/2009	Pacific Hospital of Long Beach Long Beach, CA 90806-2613	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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CITY Oakland	ITY STATE ZIP CODE Oakland CA 94612-1775		(explain below) No. of Pages 9		
Late Contribu	ution(s) Made				
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: